The role of different actors in sustainable healthcare systems

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OVERVIEW

Outline

➢Introduction to the European Public Health Alliance (EPHA)

➢Roles & responsibilities of CSOs & other actors in the sustainability of healthcare systems

➢Healthcare in transition: recommendations & tools for 'sustainability'

WHO ARE WE?

The European Public Health Alliance (EPHA)....

- Is a Brussels-based network representing the public health community, +/- 100 member organisations in EU-28, EEA/EFTA countries & beyond

  - disease-specific organisations (e.g. cancer, HIV/AIDS, mental health),

  - health professionals (e.g. nurses, doctors, pharmacists),

  - vulnerable groups (e.g. migrants, Roma), regional and academic interests...

- Mission: (...) To build public health capacity to deliver equitable solutions to European public health challenges, to improve health and reduce health inequalities.

- Vision: A Europe (...) where all have access to a sustainable and high quality health system; whose policies contribute to health, within & beyond its borders

WHO ARE OUR MEMBERS?

European Level

Associations

Organisations

National level

Regional Level

Voluntary groups

Civil Society Organizations (CSOs):
Essential to EU policy making

The role of civil society organizations:

- Has been **growing** over the last decades
- is linked with the fundamental **right of** people to form **associations**
- is essential to civil dialogue (ensuring **transparency**, **legitimacy of decision-making**)
- helps to **ensure policy meets the needs of people**

(These points were emphasized in a joint letter by EPHA & EPF on the future EU Public Health Programme)

✓**CSOs serve to**

- be links between people & public bodies
- represent 'the people'
- be experts and leaders on specific issues
- generate new ideas (innovation)
- disseminate information between all stakeholders
- Be critical 'watchdogs'
- deliver services

✓**Influence depends on**

- legitimacy, coalition building, reach, governance, trust, knowledge, capacity, working methods, values, ability to translate evidence into concrete policy recommendations, most of all it depends on the political climate

✓**Obstacles**

- constant need to build / maintain relationships, size & influence of industry lobbies, lack of capacity (staffing, fundraising, scope), different notions of advocacy / public health in EU, difficulty of reaching various European, national and regional actors, distrust …

Creating a shared understanding of sustainability

There are different actors and roles – cooperation is needed!

- ✓Individuals and their carers
- ✓European, national, regional, local authorities
- ✓Health workers / health professionals
- ✓Health providers (public / private)
- ✓Employers
- ✓Social partners
- ✓Industry

"Sustainability is defined as a requirement of our generation to manage the resource base such that the average quality of life that we ensure ourselves can potentially be shared by all future generations" [Geir B. Asheim, "Sustainability," The World Bank, 1994]

Emphasize prevention and health promotion

- ➢ Increase prevention budgets – it will save money in the long term! (e.g. communicable and vaccine-preventable diseases - HIV-testing; early treatment)

- ➢ patient-centered accessible services (ie for elderly and people living with chronic diseases, co-morbidities) help people access care early and prevent complications

✓ **Health systems need increased funding, especially in times of crisis**

- ➢ Measure the impact of austerity cuts on health (as poverty increases)

- ➢ Respond to new needs (as poverty increases)

- ➢ Maintain quality and patient safety as the system responds to new needs

- ➢ Health should not be sacrificed for economic indicators

✓ **Improve Access to healthcare**

- ➢ Ensure equity in access to care (ie by vulnerable groups)

- ➢ Remove barriers for access (co payment, residency status, health insurance based on employment)

- ➢ Access to innovative and affordable medicines

✓ **Removing health system inefficiencies** (without increasing health inequalities)

➢ Target inefficiencies instead of across-the-board cuts to health budgets

➢ Improve health literacy so patients can make healthy choices

➢ Innovation - for example, e/mHealth - holds potential to 'empower' patients and improve health professionals' work,

➢ Health Technology Assessments should inform health system investment decisions

➢ Ex. Assess the therapeutic added value of medicines on the market / strengthen marketing authorisation process

➢ Take action to address medicine pricing

✓**Health information systems must provide information for decision making**

➢ Policies should be based on what we know works (Health impact assessments)

➢ We need to identify and promote good practices (health system performance assessment)

➢ Indicators like **'Healthy Life Years'** (which take into account quality of life) should guide policy decisions

✓**We need to use our money wisely**

➢ Pricing interventions work: taxes on unhealthy food products, alcohol, tobacco…

➢ Good governance must be ensured (corruption, tax evasion, mismanagement is a waste of money)

➢ Ideas like the **Financial Transaction Tax** need to be further explored to secure funfing for public health

✓ **Economic governance / European Semester must consider its health impact**

➢ Economic goals should not overshadow social targets (including health indicators)

➢ In needs to be ensured that country specific recommendations are 'owned' by their recipients

➢ Communities should be meaningfully involved in policy dialogue

✓ **We need to advocate Health in all Policies (HIAP)**

➢ Health should be included in all relevant areas (housing, employment, transport, environment, migration, trade, etc.)

➢ Sometimes this will require joint budgets & co-responsibility for health (by various stake holders)

➢ European Cohesion and Structural Funds should be used to support health

Thank you for your attention!

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